or declared place, he is not eligible for any reimbursement under the scheme if he visits only Kshimandu by air without visiting any place in Indian territory.

Setting up of units at the Rajasthan Atomic Power Plant

170. SHRI BHUVNESH CHATURVEDI; Will the PRIME MINISTER be pleased to state;

(a) the total number of units of Ato mic Energy Plant likely to be set up at the Rajasthan Atomic Power Plant by 2000 A.D.; and

(b) the details of the "work that is being done currently to set up the units at the site and by when the current work is likely to be completed?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRl SHIVRAJ PATIL): <a) At Rajasthan Atomic Power station, two units (RAPS-I&2) 220 MWe capacity mre in operation. Two more units each of 235 MWe capacity (RAPP-344) are under construction. In addition, four units each of 500 MWe capacity (RAPP 5 to 8) will be set up at the same site.

(b) With regamTo the two "units of 235 MWe capacity (RAPP 3&4) under construction, site infrastructure, main plant civil works and manufacture of equipment and" components are in progress. In respectbf tBe four units of 500 MWe capacity (RAPP 5 to 8) to be set uj(preparation of detailed project report for obtaining project financial sanction, action fo'r obtaining safety and environmental clearances and advance procurement of critical and long delivery equipment are in progres.

Failure of family Planning Pragramme in India

171. SHRI MUKHTIAR SINGH MA-UK-Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a)' whather it is a fact that though Tndia was the first country in tho world to launch family Planning Programme, India's population is still increasing at a rate of 17 Millions a year even after 38 years;

(b) if so, the reasons for the failure of such a programme; and

(c) whether Government propose to take measures to bring down the population of the country?

THE* MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ-KHAPARDE); (a) to (c) Our country has played a pioneering role in launching the population stabilisation programmes as part of the overall socio-economic development plans. The country's population is currently estimated to b$_e$ increasing at an annual rate of about 15.2 million.

The magnitude of the annual increment is the function of the larg$_e$ base level, on the one hand, and the rate of growth, on the other. The natural growth rate of population is estimated at 2.12 per annum.

The growth rate of population depends both on the birth rate and the death rate. The birth rate has come down from 41.7 in 1951-61 (census estimates), to 32.0 in 1987 (Sample Registration System-provisional estimates). However, due to improvement in health measures, the decline in the death rate during the period has been relatively much steeper, from 22.8 to 10.8. And, therefore, the growth rate has remained at a high level.

The birth rate is a function of many and complex factors such as the age-sex composition of the population, the proportion of the population married, the age at marriage, socio-cultural attitudes towards marriages, family and progeny, the 'evel of social and economic development, the availability and quality of the health services, the State of Social Security and the contraceptive practice levels.

The National Health Policy has lai<i down the goal of birth rate of 21, death rate of 9 and couple protection rate of

60 per cent be achieved by 2000 A.D. The family welfare programme is being promoted on a voluntary basis and seeks to promote responsible parenthood with a two-child norm. Family planning services are offered as part of the health care delivery system, The percentage of eligible couples estimated to have been protected with different family planning methods is 39.9 per cent as on 31-3-88.

The effectiveness of the Family planning programme is constrained by the inadequacies in the health infrastructure and services iri the rural areas. Besides, the factors such as the prevalence of low age at marrige for females, low female literacy levels, desire for sons) continue to inhabit the adoption of family planning practices.

To keep the population growth in the country within the manageable limits, we have a well defined strategy which lays emphasis on improving quality of services, enhancing child survival rates through Universal Immunisation Prog ramme, intensifying population education, enhancing community participation, adopting improved communication apes and involving Voluntary organisations. Besides, reinforcement of training and retraining of personnel at the grass-root level, establishing and strengthening linkages with related development programmes like female literacy and improvement of women's status and adoption of area intensive approach are some of the initiatives being considered as part of the Eighth Plan strategy.

Import Policy for finished medicines

*172. DR. (SHRIMATI) SAROJINI MAHISHI:

SHRI ASHOK NATH VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the import policy for the import of finished medicines is decided on the recommendations of the Ministry of Health and Family Welfare;

(b) whether it is also a fact that a number of finished medicines are allowed for import, which are indigenously manufactured and also exported;

(c) if so, when the list of finished medi cines allowed for import was reviewed;

(d) what are the names of t'ne fmi'shed medicines recommended for inclusion in that list and for deletion;

(e) when the next review would be made;

(f) wether it is a fact that Government had recommended for exemption of customs duty on certain medicines;

(g) if so, the names of drugs and medi cines for which such recommendations were sent during 198S; and

(h) what was the basis on which such recommendations were made?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (h). The import policy for the import of finished medicines is decided by the Chief Controller of Imports and Exports, Ministry of Commerce. The recommendations made by the Ministry of Health and Family Welfare are also taken into consideration.

The life saving drugs and anti-cancer preparations which are either not manufactured in India or are not produced in adequate quantities to meet the requirements of the country are allowed for import by the Chief Controller of Imports and Exports.

The list of finished medicines allowed for import are reviewed by the permanent Review Committee chaired by the Chief Controller of Imports and Exports and thfe is a continuous process. The additions and deletions to the list are published as Public Notice in the Gazette of india by the Minitry of Commerce from time to time.

The drugs Ceftazidime (Fortum) and Vacuronium Bromide Injection have been recommended for exemption from custom* duty during 1988 as the drugs were «•*-